•	AMEND	MENT TRANSM	ITTAL LETTE			ATTORN	Y'S DOCK	T NO.
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FIRST PRES	INTATION OF MULTI	PLE DEP CLAIM		

RATE	ADDIT FEE		
\$ 11	\$		
\$ 40	\$ 40		
\$130	\$		
TOTAL	\$ 40		

RATE	ADDIT FEE	
\$ 22	\$	
\$ 80	\$	
\$260	\$	
TOTAL	\$	

OR

The 'Hishest No. Previously Paid For' (Total or Indee.) is the highest number found in the appropriate bes in Cel. 1

Please charge my Deposit Account No. _____ in the amount of \$ _____

A check in the amount of \$ 40.00 to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3838

Any additional filing fees required under 37 CFR 1.16.

Any patent application processing fees under 37 CFR 1.17

October 26, 1996

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John H. Crozier Reg. No. 30,371

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Form PTO-FB-A520 (10-85) (also form PTO-1083)

[&]quot; If the entry in Cal. 1 is less than the entry in Cul. 2, write "0" in Cal. 3.

^{**} If the Highest No Providualy Paid For" IN THIS SPACE is less than 20, enter "20"

^{***} If the Hignest No Previously Paid For" IN THIS SPACE is less than 3, enter "3".